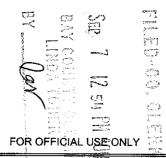


CANDIDATE COMMITTEE COVER PAGE



Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 7 03 00 To: 8 28 00 Mo Day Year
1. Committee I.D. Number 150053 2. Committee Name Committee to Elect Dennis W. Banaszak	4. Candidate Last Name First Name M.I. Banaszak Dennis 4a. Office Sought Including District # or Community Served (If applicable) District 7 County Commissioner 4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address 6.7 IATH Bay City MI 48708 Area Code and Phone 5.7-893-8024 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address Candidate (Same) Area Code & Phone (
7. Treasurer's Business Address Candidate Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Candidate Area Code and Phone () Driver License # (Optional)
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary Ger Convention School Special Cau Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Pirect contributions, in-kind contributions, loans, e	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, INWe certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
below the times academic of a required campaign statement	ised in the Avenaration of this statement and attached ashedulas (if any) and to the heat of



1. Committee I.D. Number _

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ 550.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$ 550.00
IN-KIND CONTRIBUTIONS & EXPENDITURES	· · · · · · · · · · · · · · · · · · ·	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		•
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	477 01
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.)\$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	776 46	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE 	BALANCE STATEMENT (13.) \$ $72 \cdot 16$ (14.) + \$ 9 (15.) = \$ $72 \cdot 16$ (16.) - \$ 9 (17.) \$ $72 \cdot 16$	
(Subtract line 16 from line 15)		,



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 12-31-99 To: 7-23-00 Mo Day Year Mo Day Year
1. Committee I.D. Number 150053	4. Candidate Last Name First Name M.I. Banaszak Dennis W.
2. Committee Name Committee to Elect Dennis W. Banaszak	4a. Office Sought Including District # or Community Served (If applicable) District 7 County Commissioner 4b. County of Residence Driver License # (Optional) Bay
5. Committee's Mailing Address Col7 IAth Bay City, MI 48708 Area Code and Phone (517) 893-802 4 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may	6. Treasurer's Name & Residential Address Cavalidate (Same) Area Code & Phone (
be sent to this address by the filing official.	
7. Treasurer's Business Address Cardidate Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone (
	Driver License # (Optional)
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. □ Po	
Pre-Election or Post-Election Statement relates to: ☐ Ge	9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) neral 9e ☐ Dissolution of Candidate Committee
☐ Convention ☐ Sch	
☐ Special ☐ Car	Month Day Year
Date of Election, Convention or Caucus Month Day Year	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file Schedules. Direct contributions, in-kind contributions, loans, if any of the information listed in items 2, 4, 5, 6, 7, or 8 has camendment to the Statement of Organization should accompabefore the filing deadline of a required campaign stateme	all required Campaign Statements. The Campaign Statements must include all applicable expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. hanged since the information was shown on the committee's Statement of Organization, an any this Campaign Statement. If a request for a Reporting Waiver is not received on or not, that campaign statement cannot be waived.
Verification: I\We certify that all reasonable diligence was my\our knowledge and belief the contents are true, accurate a	used in the preparation of this statement and attached schedules (if any) and to the best of and complete.
Current Treasurer or Denvis W. Bavasa Type or Print Name	at, Wound Bursh Date 8 01 8000 Signature Date Mo Day Year
Candidate Dennis W. Bavaszak Type or Print Name	1 Nouris W. Danage Date & 01 2000 Signature Day Year



1. Committee I.D. Number 150053
2. Committee Name Committee to Flect
Dannis W. Bangazak

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$ 550 <u>eo</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>550</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	£	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		·
8. Expenditures	1177 04	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 477.84	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 477.84	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	974.45	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	<u></u>
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$550.00	
(Line 5, Total Contributions & Other Receipts)	(15.)= \$ 550.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)-\$ 477.84	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) s 72.16 ·	
(Subtract line 16 from line 15)	(17.)	

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	150053	
2. Committee Name Coww	vittee to Elect Dennis W. Band	357

	T	1
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt	\$ 1000	
Name: Bay County Republican Party	\$50000	
Name: Bay County Republican Party Address: 5295 Baxman Bay City MI 48706 5. If over \$100.00 cumulative, please provide:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt	B-00	
Name: Thomas W. Wiemann	#30°	
Address: 4058 Allen Ct. Bay City MI 48706		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt		
Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? TYES 4. Date of Receipt Name:		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	7	
Page Subtotal Grand Total of All Schedules 1A 4 (Complete on last page of Schedule)	\$550°°	
	#550°C	
	Enter this total on	

Enter this total or line 3a of Summary Page



ITEMIZED EXPENDITURES **SCHEDULE 1B**

1. Committee I. D. Number_

CANDIDATE COMMITTEE			F*E
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Name St. Stans Atheletic Club Address St. Stans Gurt Bay City, MI 48708	Purpose: Advertising Expenditure Code NF Check box if this expenditure is payment	6/23	#a5≈
☐ Fund Raiser `	of debt or obligation reported on previous statement		
Name Pizza Express Address 1614 Kosciuszko	Purpose: Pizza	_	\$106°00
Address 1614 Kosciuszko Bay City, NI 48708	Expenditure Code FF	7/14	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name State Theater Address 913 Washington	Purpose: Rental Expenditure Code RE	7/14	#10000
BY City, MI 48708	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name U. S. Post Office	Purpose: Stamps	7/9	1989
Address Bay City	Expenditure Code MA		
፟፟፟፟፟	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name OfficeMax # 1098 Address 4140 Wilder Road Bay City, MI 48706	Purpose: Flyer Capies Expenditure Code PA	7/10	28.62
Bay City, MI 48706	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		14
	Subtotal this		\$457.62

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of

Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 1500 53

2. Committee Name	Committee	to Flect	- Dannis W	Banasza
	•			

3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Mid Michigan Music Address 716 Washington Bay City, MI 48708 Fund Raiser	Purpose:	7/14	20.22
Expenditure #2	statement		
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		:
Expenditure #3			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		·
Expenditure #4			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule) 20.22

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 150053

2. Committee Name Committee to Flect Dennis W. Banasza

CANDIDATE COMMITTEE		•		
This Schedule itemizes:				
a. Debts and obligations owed by or forgiven the c	ommittee OR b. 🗆 🛚	Debts and obligations owed	<u>to</u> or forgiven <u>by</u> th	e committee.
(Chec	ck either a or b. Use only for the pu	urpose checked.)		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Indicate type and you may	7. Date and amount of each payment	8. Cumulative payment to	9. Outstanding Balance at
Check box to indicate whether debt is owed to an	assign an expenditure code) 5. Indicate date debt was		date on debt	close of this period (Item 6
incorporated business. If debt is a bank loan, please	incurred			minus Item 8)
provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			
guarantolo, ir arry.				
Debt #1 Corp? ☐ Yes	4. Type:			
Owed to or by:	Code	_ / / \$		
Dennis W. Baraszak	5. Date Debt Was Incurred:	/\$	6	\$ 874.45
·	12-31-99 6. Original Amount of Debt:		\$ \$,
	\$ 974.45		1	☐ FORGIVEN
	1.814.12	/ / \$		1
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$	·
_				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type:			
Owed to or by.	Code			
	5. Date Debt Was Incurred:		s	
	6. Original Amount of Debt:		a ———	
	\$			FORGIVEN
			1	1
If bank loan, name of endorser or guarantor:		/	Amount Endorsed:	\$
Debt #3 Corp? ☐ Yes	4. Type:	/ / \$		
Owed to or by:				
	Code			
·	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:			
	\$	/ / \$		☐ FORGIVEN
			1	I
If bank loan, name of endorser or guarantor: Amount Endorsed: \$				
		Page Subtotal (O	utstanding debt)	874.45
(Comr	olete on last page of Schedule sho	Grand Total of a		874.45
(Com,		5		Enter this total
				on line 12a

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Authority granted under P.A. 388 of 1976

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

REV 7/1999c-1e

"owed by" or line 12b "owed to" of the Summary Page

CANDIDATE COMMITTEE COVER PAGE

	<u> </u>		FUR OF	FICIAL U	SE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	nt covers From:	1/1/1999 Mo Day Year	To: _	12/31/1999 Mo Day Year
1. Committee I.D. Number 150053		ASZAK	First Nam DENN	IS.	M .I.
2. Committee Name COMMITTEE TO ELECT DENNIS W. BANASZAK 7TH DISTRICT COUNTY COMMISSIONER		Y COMMIS	ct # or Community Ser SIONER - 7Ti Driver License #	d DIS	TRICT
5. Committee's Mailing Address 617 14TH STREET BAY CITY, MI 48708 Area Code and Phone (517) 893-8024 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Na CANDID Area Code & Pho Driver License #	OATE		BAY C	
7. Treasurer's Business Address SAME AS ABOVE	Designated Re	ecordkeeper's Na ecordkeeper) AS ABOVE	me and Mailing Addre	is (If the c	committee has a
Area Code and Phone (Area Code and P	hone ()	-	Driver Lie	ense # (Optional)
☐ Convention ☐ Sch	eneral nool aucus	9d. Ame 9c or 9e. Disso Mon By checking the outstanding de residual funds Page.	lution of Candidate Co Effective Date of Disso th Day is item, NWe certify the bts, including late filing must be reported on S	Coverage Statement statement with the compact the comp	e Year) (Complete Item 9a, 9b, is being amended) mmittee has no assets or ote: The disposition of IB and the Summary
Verification: I/We certify that all reasonable diligence was us my/our knowledge and belief the contents are true, accurate Current Treasurer or Designated Recordkeeper Dennis W. Banasza Type or Print Name	e and complete.	on of this statement	Bauasyl	ules (if ar	ny) and to the best of 1 31 2000 Mo Day
Candidate Dennis W. Banaszak Type or Print Name	/ Dum Signature	pw. L	busse	Date	1 31 2000 Mo Day Ye
Autho	rity granted under P	A 200 -64076			



SUMMARY PAGE

CANDIDATE COMMITTEE

1. Committee I.D. Number 150058

2. Committee Name

Committee to Elect Dennis W. Banaszak

7th District County Commissioner

Г	4	T
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	<i>A</i>	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule B-G) c. Unitemized (less than \$50.01 each - no Schedule)	(8a.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule)	(10a.) \$	(24.) \$
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11)	(-1), -
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>874.45</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
BALANCE STATEMEN	T	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(13.) \$ <u> 96.70</u> (14.) + <u>O</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	$(15.) = \frac{191.70}{(16.) - \frac{191.70}{(17.)}} $	1年)
(622-126, 1112-16, 1112-16,	· · · · · · · · · · · · · · · · · · ·	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.



DEBTS AND OBLIGATIONS SCHEDULE 1E CANDIDATE COMMITTEE

This Schedule itemizes: a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a toan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period (Item6 minus Item 8)
Debt #1 Corp? Dyes Owed to or by: Dennis W. Banaszak G17 14th Street Bay City, MI 48708	4. Type: Code 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$ 1066.15	8 Ko99s 191.70 _1 1 s _1 1 s _1 1 s	\$191.70 =	874.45 [[FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	_ / / \$		[] FORGIVEN
If either of the debts listed above is a loan, please p Please check one box to indicate which debt the follow Name	ing information applies to:	n regarding the ENDORSE BT #1 or DEBT #2	R or GUARANTOF	R of the loan, if any:
Address				
City If amount endorsed or guaranteed is over \$100, ple	ase provide:	State	Zip Code	
Occupation of Endorser or Guarantor Employer of Endorser or Guarantor Amount Endorsed or Guaranteed: \$				
Business Address of Endorsor or Guarantor		Page Subtotal (Outs Grand Total of all	standing debt)	407445
	on last page of Schedule showing	amounts owed <u>by</u> or <u>to</u> the	committee.)	C1.17) att
PLEASE REFER TO INSTRUCTIONS FOR LIST OF I	ule if there was an outstanding a	mount owed on it at the c	losing date of this	
Campaign Statement or it was forgiven during the	period covered by this Campaig y granted under P.A. 388 of 1976	n Statement.		Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



CANDIDATE COMMITTEE COVER PAGE

			FOR OFFICIAL L	JSE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 10 - Z	3-98 To:	17 - 3 - 98 Mo Day Year
1. Committee I.D. Number	4. Candidate Las	st Name	First Name	M.I.
150053	Banas	szak T	Dennis	(L)
		Including District # or Co	1 🕶	~
2. Committee Name Covviviithee to	Distric	+7 Count	y Commis	ssioner
Flect Dennis W. Banaszak (th	4b. County of Resi	dence Driv	er License # (Options	al)
District County Commissioner	Bay			
5. Committee's Mailing Address 617 14th Street	6. Treasurer's Nam	ne & Residential Address	, Zag E	2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	, , \	lidate		u i
Bay City, MI 48708 Area Code and Phone (517) 893-80 24	_	,		
If the address in this box is different from the committee		e Optional)		The state of the s
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Diver License # (C	priional)		
7. Treasurer's Business Address	8. Designated Reco	ordkeeper's Name and N	127 33	5 F E
Same	Designated Record	ikeeper)	•	os · · · ·
Carrie .				
Area Code and Phone () -	Area Code and Pho	one <u>() -</u>	Dri	ver License # (Optional)
				ACI FICEIUSE & (ODUOITAI)
O TYPE OF STATEMENT				
9. TYPE OF STATEMENT 9a. □ Pre-Election OR 9b. 12 Post	-Election	9c. □ Annual Stateme		
9a. □ Pre-Election OR 9b. 22 Post	-Election		ent (19 Coverag	e Year)
9a. □ Pre-Election OR 9b. 2 Post Pre-Election or Post-Election Statement relates to:			ent (19 Coverag	
9a. □ Pre-Election OR 9b. ☑ Post Pre-Election or Post-Election Statement relates to: □ Primary	-Election General School	9d. Amendment to or 9e to indicate 9e. Dissolution of C	ent (19 Coverage Campaign Statement e which Statement is l andidate Committee	e Year)
9a. □ Pre-Election OR 9b. ☑ Post Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ S	General	9d. Amendment to or 9e to indicate	ent (19 Coverage Campaign Statement e which Statement is l andidate Committee	e Year)
9a. □ Pre-Election OR 9b. Post Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □	General School	9d. Amendment to or 9e to indicate 9e. Dissolution of C Effective Date	cant (19 Coverage Campaign Statement canhich Statement is leading to the committee of Dissolution Day Year	e Year) (Complete Item 9a, 9b, 9c being amended)
9a. □ Pre-Election OR 9b. ☑ Post Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ Date of Election, Convention or Caucus	General School	9d. Amendment to or 9e to indicate 9e. Dissolution of C Effective Date Month By checking this item, outstanding debts, inclinations.	campaign Statement e which Statement is landidate Committee of Dissolution Day Year NWe certify that the cauding late filing fees.	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of
9a. □ Pre-Election OR 9b. Post Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ Date of Election, Convention or Caucus	General School	9d. Amendment to or 9e to indicate 9e. Dissolution of C Effective Date Month By checking this item, outstanding debts, inclinations.	campaign Statement e which Statement is landidate Committee of Dissolution Day Year NWe certify that the cauding late filing fees.	e Year) (Complete Item 9a, 9b, 9c being amended)
9a. □ Pre-Election OR 9b. ☑ Posts Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ Date of Election, Convention or Caucus Month Day Year	General School Caucus	9d. Amendment to or 9e to indicate or 9e. Dissolution of C Effective Date Month By checking this item, loutstanding debts, inclures idual funds must be Page.	campaign Statement which Statement is landidate Committee of Dissolution Day Year Statement is landidate Committee of Dissolution Day Year Statement is landidate filling fees. The reported on Schedule care of the control of the co	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary
9a. □ Pre-Election OR 9b. ☑ Posts Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ Date of Election, Convention or Caucus Month Day Year	General School Caucus	9d. Amendment to or 9e to indicate or 9e. Dissolution of C Effective Date Month By checking this item, loutstanding debts, inclures idual funds must be Page.	campaign Statement which Statement is landidate Committee of Dissolution Day Year Statement is landidate Committee of Dissolution Day Year Statement is landidate filling fees. The reported on Schedule care of the control of the co	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary
9a. □ Pre-Election OR 9b. ☑ Post Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ Date of Election, Convention or Caucus	General School Caucus Il required Campaign xpenditures, and outs anged since the infonny this Campaign Sta	9d. Amendment to or 9e to indicate or 9e to indicate or 9e. Bissolution of C Effective Date outstanding debts, inclures inclures included in the page. Statements. The Campatanding debts count against on was shown on the terment. If a request for	campaign Statement which Statement is landidate Committee of Dissolution Day Year live certify that the couding late filing fees, reported on Schedule late the \$1,000 Reported to \$1,000 Reported on Schedule late \$1,000 Reported on Schedule late \$1,000 Reported to \$1,000 Reported to \$1,000 Reported to \$1,000 Reported late	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary
9a. □ Pre-Election OR 9b. ☑ Posts Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ □ □ Special □ □ Date of Election, Convention or Caucus □ Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa	General School Caucus Il required Campaign xpenditures, and outs anged since the infonny this Campaign Sta	9d. Amendment to or 9e to indicate or 9e to indicate or 9e. Bissolution of C Effective Date outstanding debts, inclures inclures included in the page. Statements. The Campatanding debts count against on was shown on the terment. If a request for	campaign Statement which Statement is landidate Committee of Dissolution Day Year live certify that the couding late filing fees, reported on Schedule late the \$1,000 Reported to \$1,000 Reported on Schedule late \$1,000 Reported on Schedule late \$1,000 Reported to \$1,000 Reported to \$1,000 Reported to \$1,000 Reported late	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary
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9a. □ Pre-Election OR 9b. ☑ Posts Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ □ Date of Election, Convention or Caucus ☐ Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompa before the filing deadline of a required campaign statement of Organization should accompany before the filing deadline of a required campaign statement of Organization should accompany before the filing deadline of a required campaign statement of Organization should accompany before the filing deadline of a required campaign statement of Organization should accompany before the filing deadline of a required campaign statement of Organization should accompany before the filing deadline of a required campaign statement of Organization should accompany before the filing deadline of a required campaign statement of Organization should accompany before the filing deadline of a required campaign	General School Caucus Il required Campaign xpenditures, and outs anged since the infonny this Campaign Stat, that campaign states and the campaign states and the campaign states are sed in the preparation	9d. Amendment to or 9e to indicate or 9e to indicate or 9e. Dissolution of C Effective Date Month By checking this item, loutstanding debts, inclures idual funds must be Page. Statements. The Camp standing debts count agamation was shown on the tement. If a request for the ment can not be waited.	Campaign Statement which Statement is andidate Committee of Dissolution Day Year We certify that the couding late filing fees, reported on Schedule saign Statements must inst the \$1,000 Report a Reporting Waiverwed.	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary at include all applicable rting Waiver threshold. The is not received on or
9a. □ Pre-Election OR 9b. ☑ Posts Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ □ Date of Election, Convention or Caucus □ Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statement.	General School Caucus Il required Campaign xpenditures, and outs anged since the infonny this Campaign Stat, that campaign states and the campaign states and the campaign states are sed in the preparation	9d. Amendment to or 9e to indicate or 9e to indicate or 9e. Dissolution of C Effective Date Month By checking this item, loutstanding debts, inclures idual funds must be Page. Statements. The Camp standing debts count agamation was shown on the tement. If a request for the ment can not be waited.	Campaign Statement which Statement is andidate Committee of Dissolution Day Year We certify that the couding late filing fees, reported on Schedule saign Statements must inst the \$1,000 Report a Reporting Waiverwed.	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary at include all applicable rting Waiver threshold. The is not received on or
9a. □ Pre-Election OR 9b. ☑ Posts Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ □ Date of Election, Convention or Caucus □ Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, elf any of the information listed in items 2, 4, 5, 6, 7, or 8 has chamendment to the Statement of Organization should accompanibefore the filing deadline of a required campaign statement. 10. Verification: I\We certify that all reasonable diligence was unapplied to the Statement of Organization Statement. Current Treasurer or Designated Recordkeeper Danni SW. Bana SZa.	General School Caucus Ill required Campaign xpenditures, and outs anged since the infonny this Campaign Statt, that campaign states and complete.	9d. Amendment to or 9e to indicate or 9e to indicate or 9e. Dissolution of C Effective Date Month By checking this item, loutstanding debts, inclures idual funds must be Page. Statements. The Camp standing debts count agamation was shown on the tement. If a request for the ment can not be waited.	campaign Statement which Statement is andidate Committee of Dissolution Day Year Statement is likely that the cuding late filling fees reported on Schedule saign Statements mustinst the \$1,000 Report a Reporting Waiver a Reporting Waiver wed.	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary et include all applicable rting Waiver threshold. Item of Organization, and is not received on or any) and to the best of
9a. □ Pre-Election OR 9b. ☑ Posts Pre-Election or Post-Election Statement relates to: □ Primary □ Convention □ Special □ □ Date of Election, Convention or Caucus □ Month Day Year A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, elf any of the information listed in items 2, 4, 5, 6, 7, or 8 has chamendment to the Statement of Organization should accompanibefore the filing deadline of a required campaign statement. 10. Verification: I\We certify that all reasonable diligence was unapplied to the Statement of Organization Statement. Current Treasurer or Designated Recordkeeper Danni SW. Bana SZa.	General School Caucus Ill required Campaign xpenditures, and outs anged since the infonny this Campaign Statt, that campaign states and complete.	9d. Amendment to or 9e to indicate 9e. Dissolution of C Effective Date Month By checking this item, outstanding debts, incluresidual funds must be Page. Statements. The Campstanding debts count agamation was shown on the terment. If a request for itement can not be wait of this statement and a contract of the count and the count agamation. If a request for itement can not be wait of this statement and a county of this statem	campaign Statement which Statement is andidate Committee of Dissolution Day Year Statement is likely that the cuding late filling fees reported on Schedule saign Statements mustinst the \$1,000 Report a Reporting Waiver a Reporting Waiver wed.	e Year) (Complete Item 9a, 9b, 9c being amended) ommittee has no assets or Note: The disposition of e 1B and the Summary at include all applicable rting Waiver threshold. The is not received on or



1. Committee I.D. Number

1	500	5	8	

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Dennis W. Banaszak 7th District County Commissioner

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>20.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>70.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>ZO-OO</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	,	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule B-G) c. Unitemized (less than \$50.01 each - no Schedule)	(8a.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>Ø</u> (10b.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)		(24.) \$
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E)	(12a.)\$ 1066.15 (12b.)\$	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) \$	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.



22.320 5. 2.0000.10	7	·		
	ommittee I.D. Number	50053		
SCHEDULE 1E CANDIDATE COMMITTEE 2. Co	ommittee Name <u>Commit</u>	ee to Elect	Dennis	, ω.
	Banaszak 7th I			
This Schedule itemizes:			•	
a. Debts and obligations owed <u>by</u> or forgiven the col (Check eit	mmittee OR b. ther a or b. Use only for the purpos	Debts and obligations ow se checked.)	ed to or forgiven	by the committee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Please indicate type and you may assign an expenditure	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a loan, please provide the requested information regarding the endorsers or guarantors, if any.	code) 5. Indicate date debt was incurred 6. Indicate original amount of debt		uate on west	(Item6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by:	4. Type:	10,698		
Dennis W. Banaszak	Code 5. <u>Date Debt Was Incurred</u> :	9 12498; 237.59 192498; 603.6d		
617 14th Street	6. Original Amount of Debt:			
Bay City, MI 48708	\$		Ø	[]FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type:	_/		
Owed to 0, 2).	Code			
	5. Date Debt Was Incurred:			
	6. Original Amount of Debt:			#1066.15
			Ø	[] FORGIVEN
If either of the debts listed above is a loan, please pr Please check one box to indicate which debt the following			or GUARANTOF	R of the loan, if any:
Name		177.01 3 325		
Address				
City If amount endorsed or guaranteed is ever \$100, plea	na musicida.	State	Zip Code	
If amount endorsed or guaranteed is over \$100, please provide:				
Occupation of Endorser or Guarantor	Employer of Endorser or	Guarantor		
Business Address of Endorsor or Guarantor		Amount Endorsed or	Guaranteed: \$	
		Page Subtotal (Outsta		
(Comple	te on last page of Schedule showing	Grand Total of all Sche ng amounts owed <u>by</u> or <u>to</u> th	e committee.)	
PLEASE REFER TO PAGES 40 & 41 FOR LISTING O	OF EXPENDITURE CODES			1066.15

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

Page ____ of CFR REV 11/95

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement. Authority granted under P.A. 388 of 1976



CANDIDATE COMMITTEE COVER PAGE	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 8-1-98 To: 10-23-98 Mo Day Year
1. Committee I.D. Number 150053 2. Committee Name Committee to elect Dennis W. Banaszak 7th District County Commissioner	4. Candidate Last Name First Name M.I. Banaszak Dennis W 4a. Office Sought Including District # or Community Served (If applicable) District 7 County Commissioner 4b. County of Residence Driver License # (Optional) Bay County
5. Committee's Mailing Address (01714th St. Bay City 48708 Area Code and Phone 517-893-80 Z 4 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address Candidate Area Code & Phone Driver License # (Optional)
7. Treasurer's Business Address Area Code and Phone ()	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone () Driver License # (Optional)
Convention So Special So Date of Election, Convention or Caucus Month Day Year	9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. ☐ Dissolution of Candidate Committee Effective Date of Dissolution aucus Month Day Year By checking this item, IWe certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
	required Campaign Statements. The Campaign Statements must include all applicable Schedules. and outstanding debts count against the \$1,000 Reporting Waiver threshold. Inged since the information was shown on the committee's Statement of Organization, an your statement. If a request for a Reporting Waiver is not received on or before campaign statement can not be waived.
Current Treasurer or Designated Recordkeeper Type or Print Name Down's () Bongs 7.0 ()	ignature Mo Date 10-22-98 Day Year Day Year Day Year

Authority granted under P.A. 388 of 1976

1. Committee I.D. Number <u>150058</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. committee Name

Committee to Elect Dennis W.

Banaszak 7th District County Commissioner

Column 1	Column II Cumulative this election cycle
	Cultidiative this election cycle
(3a.) \$ 1666.15	
(3b.) \$	
(3c.) \$ 1721.15	(18.) \$
(4.) \$	(19.) \$
(5.) \$ <u>1721.15</u>	(20.) \$
(6.) \$	(21.) \$
(7.) \$	(22.) \$
(8a.) \$ 1549.45 (8b.) \$ 8 (8c.) \$ 1549.45	(23.) \$
ď	
·	
(11.)\$	(24.) \$
(12a.)\$ 1066.15 (12b.)\$	
(13.) $$$ $$$ (14.) $+$ 1721.15 (15.) $=$ 1721.15 (16.) $ 1549.45$ (17.) $=$ 171.70	
	This Period (3a.) \$ $ 666.15 $ (3b.) \$ $ 55 $ (3c.) \$ $ 72 .15 $ (4.) \$ $ 56 $ (5.) \$ $ 72 .15 $ (6.) \$ $ 549.45 $ (8a.) \$ $ 549.45 $ (8b.) \$ $ 66 $ (9.) \$ $ 549.45 $ (10a.) \$ $ 66 $ (11.) \$ $ 66 $ (12a.) \$ $ 66 $ (12b.) \$ $ 66 $ (12b.) \$ $ 66 $ (15) = $ 66 $ (16) \$ $ 66 $ (17) \$ $ 66 $ (18) \$ $ 66 $ (19) \$ $ 66 $ (100) \$ $ 66 $ (11.) \$ $ 66 $ (12a.) \$ $ 66 $ (12b.) \$ $ 66 $ (15) = $ 66 $ (16) $ 66 $ (17) $ 66 $ (17) $ 66 $ (18) $ 66 $ (19) \$ $ 66 $ (100) \$ $ 66 $ (11.) \$ $ 66 $ (12a.) \$ $ 66 $ (12b.) \$ $ 66 $ (15) = $ 66 $ (16) \$ $ 66 $ (17) \$ $ 66 $ (17) \$ $ 66 $ (18) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (11.) \$ $ 66 $ (12a.) \$ $ 66 $ (15) \$ $ 66 $ (16) \$ $ 66 $ (17) \$ $ 66 $ (17) \$ $ 66 $ (18) \$ $ 66 $ (18) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (100) \$ $ 66 $ (11.) \$ $ 66 $ (12a.) \$ $ 66 $ (15) \$ $ 66 $ (16) \$ $ 66 $ (17) \$ $ 66 $ (17) \$ $ 66 $ (18) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (100) \$ $ 66 $ (11.) \$ $ 66 $ (12a.) \$ $ 66 $ (15) \$ $ 66 $ (16) \$ $ 66 $ (17) \$ $ 66 $ (17) \$ $ 66 $ (18) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (19) \$ $ 66 $ (100) \$ $ 66 $ (11.) \$ $ 66 $ (12a.) \$ $ 66 $ (12b.) \$ $ 66 $ (12b.) \$ $ 66 $

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

FITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 1500 53

CANDIDATE COMMITTEE Bonaszak 7th	DistrictCou	ity Commissioner
Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? TYES 4. Date of Receipt 10/6/98 Name: Candidate Address:	224.95	
5. If over \$100.00 cumulative, please provide:		
Occupation CAD Tech Employer RC Engineering		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser Itemized on Supplemental Itemization Schedule RI		
3. Contribution #2 PAC Receipt? 🗆 YES 4. Date of Receipt $Q/Z4/98$		
Name: Candidate Address:	237.59	462.54
5. If over \$100.00 cumulative, please provide:		
Occupation CAD Tech Employer RCEngineering		
Business Address		
Type of Contribution: Direct Loan from a person		
☐ Itemized on Supplemental Itemization Schedule RI		:
3. Contribution #3 PAC Receipt? □ YES 4. Date of Receipt 10/22/99		
Name: Candidate Address:	603.61	1066.15
5. If over \$100.00 cumulative, please provide:		, -
Occupation CAD Tech Employer Rchnaineering		
Business Address		
Type of Contribution: Direct Loan from a person		
Itemized on Supplemental Itemization Schedule RI		·
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
☐Itemized on Supplemental Itemization Schedule RI		
Page Subtotal	1066.15	
Grand Total of All Schedules 1A	444	
(Complete on last page of Schedule)		

Page _____of _____

Authority granted under P.A. 388 of 1976

CFR 11/95

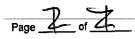
Enter this total on line 3a of Summary Page

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	150053 Hee to Flect	Dennisw Banaszo
and the amount is \$20.01 or more, ition is from a Political Committee or contributions from committees	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
	\$500.60	
☐ Fund Raiser		
apr <u>9-7-98</u>	\$50.00	

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report all contributions from committees regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? XYES 4. Date of Receipt 9-23-98	#	
Name: Bay County Republican Party Address: 2222	\$500.60	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
☐ Itemized on Supplemental Itemization Schedule RI		
3. Contribution #2 PAC Receipt? DYES 4. Date of Receipt 9-7-98 Name: Charles Mead Address: 3283 Paulan	\$50.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	·	
3. Contribution #3 PAC Receipt? [YES 4. Date of Receipt 10-10-98] Name: Joyce Benchley Address: 4839 Smile	\$50.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer_		. 1
Business Address	1	
Type of Contribution: Direct Loan from a person Fund Raiser		
☐ Itemized on Supplemental Itemization Schedule RI		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name: Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
☐Itemized on Supplemental Itemization Schedule RI		
	di .	i

Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)



Authority granted under P.A. 388 of 1976 CFR 11/95

Enter this total on line 3a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 18

nber 1500 58 Committee to Elect Dennis W. Banascak

CANDIDATE COMMITTEE		Time Time	
Name and address of person or vendor to whom paid if the amount paid is \$50.01 or more.	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Clerks Office City Hall	Purpose: AV labels Expenditure Code MA	8 /z4/98	38.30
Street Address 300 Washington	 Check box if this expenditure is payment of debt or obligation reported on previous statement 	✓	
Bay City MI 48708 City State Zip Code	☐ Detail is Itemized on Schedule Si		
Expenditure #2	Purpose: Target Flyer Expenditure Code SA	10/6/98	285.00
Name Bay City Times			
Street Address 311 5th Street	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	√	
City Bay City MI 48708 State Zip Code	☐ Detail is itemized on Schedule SI		
Expenditure #3 Name Dirla Studios	Purpose: Photographs Expenditure Code CN	10/6/90	224.95
Street Address 1711 S. Wenona	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Bay City MI 48706 State Zip Code	☐ Detail is Itemized on Schedule SI		Q
City State Zip Code	1	G(4/00	2>
Name Great Lakes Printing	Purpose: AV Post Cards Expenditure Code MA	9/24/98	237.59
Street Address 1215 Columbus	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		C
Bay City MI 48708 city	☐ Detail is Itemized on Schedule SI		
Expenditure #5 Great Lakes Printing	Purpose: Door Hangers	10/22/98	603.61
Name 1215 Columbus	Expenditure Code 3.A		
Street Address Bay City MI 48708	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		cc
Bay City MI 70 100	☐ Detail is Itemized on Schedule SI		
6US.P.S. Stamps (For AV) 160	Subtotal this Grand Total of all Schedules 1B (Complete on last page of Sch	, -	1549.45

Enter this total on line 8a of Summary Page

PLEASE REFER TO PAGES	40 & 41 FOR EXP	ENDITURE	CODES



DEBTS AND OBLIGATIONS 1. 0	Committee I.D. Number	50053		
SCHEDULE 1E V CANDIDATE COMMITTEE	committee Name Commi	to to Flat	Dinic	(,).
7.0	Banaszak 7th			
This Schedule itemizes:		01511101 -0	On Con	MAISS ON CI
a. Debts and obligations owed by or forgiven the co	ommittee OR b. ither a or b. Use only for the purpos	Debts and obligations ow se checked.)	red <u>to</u> or forgiven	by the committee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a loan, please provide the requested information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Please indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by:	4. Type:	10,698 × ZZ4.95		
Dannis W. Banaszak	Code	9 24/98 \$ 237.59		
617 14th Street	5. <u>Date Debt Was Incurred</u> :	10 72,98s/603.61		
	6. Original Amount of Debt:	/\$	4	
Day City, MI 48708			Ø	[] FORGIVEN
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type:	_/ / \$		
Dennis W. Banaszak	Code	_/_/_\$		
617 14th Street	5. Date Debt Was Incurred:			
	6. <u>Original Amount of Debt</u> : \$	/\$		*1066.15
Pay City, MI 48708			Ø	[] FORGIVEN
If either of the debts listed above is a loan, please provide the following information regarding the ENDORSER or GUARANTOR of the loan, if any: Please check one box to indicate which debt the following information applies to: DEBT #1 or DEBT #2				
Name	g internation applies to. El DED	T#1 or □ DEBT#2		
Address				
City				
State Zip Code If amount endorsed or guaranteed is over \$100, please provide:				
Occupation of Endorser or Guarantor Employer of Endorser or Guarantor				
Business Address of Endorsor or Guarantor Amount Endorsed or Guaranteed: \$				
Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed <u>by</u> or <u>to</u> the committee.)				
PLEASE REFER TO PAGES 40 & 41 FOR LISTING OF EXPENDITURE CODES				
A debt or obligation must be shown on this Schedule	e if there was an outstanding am	ount owed on it at the clos	sing date of	1666.15
this Campaign Statement or it was forgiven during the period covered by this Campaign Statement. Enter this total on line 12a "owed CFR REV 11/95" Authority granted under P.A. 388 of 1976 Enter this total on line 12a "owed by" or line 12b				

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



CFR Rev 11/95

MICHIGAN DEPARTMENT OF STATE **Bureau of Elections**

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 1500 53

2. Committee Name Committee to Flect Pennis W. Banascak
District 7 County Commissioner

- USE A SEPARATE SHEET FOR EACH EVENT -			
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising A Birthday Pa Fund Raiser	
Month Day Year	0	TOTO MAISE	☐ Private Residence
7. Total Contributions of \$20.00	or less <u>55.0</u>	30	-
8. Total Contributions of \$20.01	or more 50.0	<u> </u>	_
9. SUBTOTAL (Add lines 7 and	18)	,155.00	-
10. Other Receipts		Ď'	-
11. Gross Receipts (Add lines 9	and 10)	.00	· ·
12. Total Cost of Event*			*Includes In-Kind Contributions and All Expenditures Made For the Event
13. □ Check if event was a join	t fund raiser and complete the fo	ollowing:	
Co-Sponsor(s)	Contribution (%)		Expenditure Split (%)
covered by the Campa	ign Statement.		fund raising event held during the period
 Receipts and expendit Schedule (1A), Itemize Page. 	ures listed on a Fund Raiser Scl ed In-Kind Contributions Schedu	nedule must also be re le (1-lK), Itemized Expo	eported on the Itemized Contributions enditures Schedule (1B) and the Summary
Each committee that	participated in a joint fund raiser	must file a Fund Raise	er Schedule for the event.

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

	FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: $\frac{8 - 1 - 98}{\text{Mo} \text{Day} \text{Year}}$ To: $\frac{10 - 23 - 98}{\text{Mo} \text{Day} \text{Year}}$
1. Committee I.D. Number 150053	4. Candidate Last Name First Name M.I. Banaszak Dennis W. 4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name Committee to Elect Dennis W. Banaszak 7th District County Commissioner	District 7 County Commissioner 4b. County of Residence Driver License # (Optional)
5. Committee's Mailing Address 617 14th Street 8708 Area Code and Phone 517) 893-8024 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address Candidate Area Code & Phone Driver License # (Optional)
7. Treasurer's Business Address Same Area Code and Phone () -	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone () -
□ Convention □ S □ Special □ Date of Election, Convention or Caucus Month Day Year	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statemer	all required Campaign Statements. The Campaign Statements must include all applicable expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. It is an expension was shown on the committee's Statement of Organization, an my this Campaign Statement. If a request for a Reporting Waiver is not received on or at, that campaign statement can not be waived.
10. Verification: I/We certify that all reasonable diligence was a my/our knowledge and belief the contents are true, accurate a Current Treasurer or Designated Recordkeeper Type or Print Name Candidate Dennis W. Banasza Type or Print Name	V Novis (1) Bonk 1071 00





CANDIDATE COMMITTEE COVER PAGE	FOR OFFICIAL USE ONLY	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 6-18-97 To: 9-4-97 Mo Day Year	
1. Committee I.D. Number 150053 2. Committee Name Committee to elect Banaszak May or	4. Candidate Last Name First Name M.I. Banaszak Dennis W 4a. Office Sought Including District # or Community Served (If applicable) Mayor of Bay City 4b. County of Residence Driver License # (Optional)	
5. Committee's Mailing Address (017 14th St. Bay City, MI 48708 Area Code and Phone (51) 893-8024 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. 7. Treasurer's Business Address Same	6. Treasurer's Name & Residential Address Area Code & Phone Driver License # (Optional) 8. Designated Recordkeeper's Name and Malling Address (If the committee has a Designated Recordkeeper)	
Area Code and Phone ()	Area Code and Phone () - Driver License # (Optional)	
Convention Social Convention or Caucus Date of Election, Convention or Caucus Month Day Year A committee that does not have a Reporting Waiver must file all Direct contributions, in-kind contributions, loans, expenditures, if any of the information listed in items 2, 4, 5, 6, 7, or 8 has che	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, INVe certify that the committee has no assets or outstanding debts, including late filling fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. If required Campaign Statements. The Campaign Statements must include all applicable Schedules. and outstanding debts count against the \$1,000 Reporting Waiver threshold. If a requirest for a Reporting Waiver is not received on or before	
amendment to the Statement of Organization should accompany this Campaign Statement. 10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Recordkeeper Type or Print Name Signature Occupied to Day Year Date Day Year Date Day Year Date Day Year Day Year		
Candidate Type or Print Name	Signature Mo Day Year Signature A 388 of 1976	

Authority granted under P.A. 388 of 1976



. Committee I.D. Number	
	the state of the s

2. Committee Name

SUMMARY PAGE CANDIDATE COMMITTEE

	Column i	Column II
RECEIPTS	This Period	Cumulative this election cycle
3. Contributions	(3a.) \$ 1,200 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	40.0
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(4.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule B-G) c. Unitemized (less than \$50.01 each - no Schedule)	(8a.) \$ 1150.60 (8b.) \$ 50.00 (9.) \$ 1200.00	(23.) \$
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(a.) \$	•
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.)\$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
BALANCE STATEMENT		
Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(13.)\$ <u>(14.)+</u> \\\ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Line 5, Total Contributions & Other Receipts)	(14.)+	
15. SUBTOTAL Add lines 13 and 14	(15.) = 1,200,00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - 12.00 co	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$•	
	ii labba court egginet the \$1,000,00	Reporting Waiver threshold.

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.

All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	
2 Committee Name	

		7. Cumulative for Election
Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, Enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (Both are commonly called PACs.) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? DYES 4. Date of Receipt 7/25/97	\$1,200.00	
Name: Address:		
5. If over \$100.00 cumulative, please provide:		
Business Address P.O. Box 426 BayCity MI 45708 Type of Contribution: Direct Loan from a person Fund Raiser I terrized on Supplemental Itemization Schedule RI		
3. Contribution #2 PAC Receipt? □ YES 4. Date of Receipt		
Name: Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	 	
Business Address		
3. Contribution #3 PAC Receipt? □ YES 4. Date of Receipt		
Name: Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution:		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name: Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Page Subtotal	\$1,200°C	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$1,2000	<u> </u>

Authority granted under P.A. 388 of 1976 CFR 11/85

of ___

Page _____

Enter this total on line 3a of Summary Page



LENNER EXACUSIONES	mittee I. D. Number		<u> </u>
SCHEDULE 18 2. Con CANDIDATE COMMITTEE	nmittee Name	Т	
3. Name and address of person or vendor to whom paid if the amount paid is \$50.01 or more.	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
-menditure #1 10 € #115.00 €	Purpose: Aerial Banner Expenditure Code <u>5A</u>	6/18 6/25	23000 23000 11500
Name Worthwind Aviation	Expenditure Code <u>JP</u>	7/1	230 ==
Street Address 2316 E. Wheeler Rd.	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	1160	115 <u>00</u>
city Midland State Zip Code 48642	☐ Detail is Itemized on Schedule SI	(,	
Expenditure #2	Purpose: Hole Sponsor Expenditure Code <u>CC</u>	6/19/97	\$50ºº
Name Green Hot Charities, Inc. Street Address 1301 Columbus Ave.	☐ Check box if this expenditure is payment of debt or obligation reported on previous		
City Bay City State M Zip Code 48708	statement Detail is itemized on Schedule SI		
Expenditure #3			
Name	Purpose: Expenditure Code		
Street Address	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
	☐ Detail is Itemized on Schedule SI		
City State Zip Code			
Expenditure #4 Name	Purpose:Expenditure Code		
Street Address	 Check box if this expenditure is payment of debt or obligation reported on previous statement 		
City State Zip Code	☐ Detail is Itemized on Schedule SI		
Expenditure #5	Durace:		
Name	Purpose: Expenditure Code		
Street Address	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
	☐ Detail is Itemized on Schedule Si		
City State Zip Code	Subtotal thi Grand Total of all Schedules 1B		\$1,200°
	(Complete on last page of So	:hedule)	1 5 600

Enter this total on line 8a of Summary Page

DI EASE REFER TO PAGES	40 & 41	FOR EXPENDITURE CODES
Page of		Authority granted under P.A. 388

Authority granted under P.A. 388 of 1976

CFR Rev 11/95

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

ON THE COUNTY OF A COUNTY OF THE COUNTY OF T	TOT DATE OF TOO COURT OF TOTAL OF THE OWNER
1. Committee Identification No. 150053	
2. Type of Filing a. Driginal OR b. Amerendment to Item	a(s)# #10 c. Date Change(s) Took Place / /
3. Full Name Of Committee COMMITTEE TO ELECT BANASZAK	7th District Commissioner
4. Candidate Last Name BANASZAK First	t Name DENNIS M.I. W.
4a. County of Residence	4b. Political Party (If applicable)
4c. Driver License # (Optional) 4d. Office Sought: (Check one)	· · · · · · · · · · · · · · · · · · ·
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Re ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Co ☐ Local or Other (Please Specify)	
5. Date Committee Was Formed (Mo/Day/Yr)	6. Committee Area Code and Phone Number
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone Driver License # (Optional)	Area Code and Phone Drive Bense Doptional)
19 REPORTING WAIVER. The committee does NOT expect to receive o automatically lost if the committee exceeds the \$1,000 threshold. (Direct an \$1,000.00 Reporting Waiver threshold.) Funds left over from one election courequest for a Reporting Waiver is not received on or before the filling decannot be waived.	int toward the "amount received" for the next election. Please note: If a adding of a required Campaign Statement, that Campaign Statement
11. Names and Addresses of depositories or intended depositories of commit 11a. Official Depository:	tee funds. 12. This item applies only to a Gubernatorial Candidate Committee.
11b. Secondary Depository:	Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I\We certify that all reasonable diligence was used in the precomplete to the best of my\our knowledge or belief.	paration of the above statement, and that the contents are true, accurate and
Current DENNIS W. BANASZAK / Vermack Type or Print Name Signature	Date 8/19/98 Mo. Day Year
Candidate DENNIS W. BANASZAK / Wewwo C Type or Print Name Signature	N. Mushke Date 8/19/98 Mo. Day Year



TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

	JPDATING PROCEDURES. FOR OTTICIAL GGE GITE!					
1. Committee Identification No. 150053						
2. Type of Filing a. Doriginal OR b. 💢 Amendment to Item(s)# 3,48,5° c. Date Change(s) Took Place 5 / 5 / 98					
3. Full Name Of Committee Committee to elect Bay	vaszak District Seven Commissioner					
4. Candidate Last Name Banas Zak First	Name Dennis M.L. W.)					
4a. County of Residence Bay	4b. Political Party (If applicable) Republican					
4c. Driver License # (Optional) B 522 139887 4d. Office Sought: (Check one)	780					
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Rep	presentative Secretary of State State Board of Education					
☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU	☐ Attorney General ☐ Court of Appeals					
☐ District Court ☐ Probate Court ☐ Detroit Recorders Cou	·					
Local or Other (Please Specify) County Commissi	oner 4e. District # or Jurisdiction					
5. Date Committee Was Formed 5/1/98 (Mo/Day/Yr)	6. Committee Area Code and Phone Number (517) 893-8024					
7. Committee Mailing Address (May be P. O. Box) Include Zip Code	7a. Committee Street Address (May <u>not</u> be P. O. Box)					
617 14th St. BayCity MI 48708	Same E					
8. <u>Treasurer.</u> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)	9. <u>Designated Recordkeeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.					
Candidate	Candidate &					
Area Code and Phone Driver License # (Optional)	Area Code and Phone Driver License # (Optional)					
10. REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.						
11. Names and Addresses of depositories or intended depositories of commit 11a. Official Depository: Mutual Savings Bank	tee funds. 12. This item applies only to a Gubernatorial Candidate Committee.					
11b. Secondary Depository:	Check if this committee intends to seek					
	qualifying contributions for public funding.					
13. Verification: NWe certify that all reasonable diligence was used in the prep complete to the best of my\our knowledge or belief.	paration of the above statement, and that the contents are true, accurate and					
Current Treasurer Dennis W. Banaszaki Nouwo b Type or Print Name Signature	V. Canasyle Date 5 5 98 Mo. Day Year					
Candidate Dennis W. Banaszaki Wemus I	W. Daugszalz Date 5 5 98 Mo. Day Year					



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR LIPDATING PROCEDURES

INSTRUCTIONS ON REVERSE FOR UPDA	TING PROCEDURES.	the state of the s			
1. Committee		3. Type of Filing			-
Identification No.	•	Original	/ 10 0	1.0	
150053		X Amendment to Item(s)	4, 10, 8,	1.3	
2. Full Name of Committee		Date Change T	ook Place		
COMMITTEE TO ELECT BANAS	ZAK MAYOR				
		Month	Day	Year	
4. Candidate Name		County of Residence			
DENNIS WILLIAM BANASZAK	ter	В	AY		
Office Sought (include district or jurisdicti	on served)	Party (if applicable)			
MAYOR, CITY OF BAY CITY					
5. Committee Street Address (street, city, st	ate, zip code)	5a. Committee Mailing Add	lress (if different f	rom street address)	
617 14th Street		Same			
Bay City, MI 48708			•		
		1			
	To such				
6. Date Committee Was Formed	8. Full Name and Mailing Addre		Area Co	de and Phone	
Mo Day Yr.	Dennis W. Banasz.	ar	(517)	893-8024	
7. Committee Area Code and Phone	Bay City, MI 48	708	(54.)		
(517) 893-8024					
9. Identify the person who will be responsible for the	ne committee's records and Campaign	Statement filings.If committee's tr	reasurer will handle t	hese responsibilites.	
leave this item blank. Name	Mailing Address			Area Code	/Phone
Same	Maining Madross		第 \$500 m		THORE
Same				Silver English Silver S	
			G	A STATE OF THE STA	
·	*.			to make the state of the state	
10. REPORTING WAIVER SECTION		en de la composition della com	Constitution of the second of	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
X The Committee does NOT expect to	o receive or expend in excess of	\$1,000.00 in an election.		2000 P. 100 P. 1	
11 Names and addresses of depositories o	and the state of t	and the state of t	enository 3	And the second s	
and any secondary depositories).		oo tanab (not both billout ac	12.	This item applies only gubernatorial Candidate	
				mittee.	
				Check if this comr	
				contributions for	
				funding.	
13. Verification: I/We certify that all reason	able diligence was used in the pi	reparation of the above stat	ement, and that t	he contents are true, ac	curate ar
complete to the best of my	/our knowledge or belief.		•		
H-			Λ	•	
to Dennia (1)	Romacook Klas	wister Bours	سال ۸	10-18	- 97
Treasurer Type or Print Name	Carastary (See	Signature	Y	Date Mo. Day	Yea
Candidate Dennis W B	angerak/ A) au	in W. Bru	A A TO	Date 6 - 18-	- 47
Type or Print Name		Signature		Mo. Day	Yea
14. FOR OFFICEHOLDERS' USE ONL	Y (Complete only if you have est	ablished an Officeholder Expe	ense Fund)		
	, , , , , , , , , , , , , , , , , , , ,				
14a. Full Name and Address of Officeholder	14b. Full Name an	d Address of Treasurer of	14c. Off	iceholder Expense Fund [Depositor
Expense Fund	Officeholder E	Expense Fund	i Nai	me and Address	
	·		[÷
	<u> </u>	·			
	* 		 		
	1		I		
CFR-101 (3/92)	Authority granted under Ac	t 388 of 1976, as amended	d.		

CANDIDATE COMMITTEE CANDIDATE COMMITTEE S. The Subment covers CONTRICT PAGE FromID 2 = 1/4 &
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Authority granted under P.A. 388 of 1976

21001E 6. Amount Expended 11/11/26 5. Date committee to Bleet Bondzel ☐ Payment of Debt or Obligation previously listed on Schedule 1E ☐ Payment of Debt or Obligation previously listed on Schedule 1E ☐ Payment of Debt or Obligation previously listed on Schedule 1E The Payment of Debt or Obligation previously listed on Schedule 1E ☐ Payment of Debt or Obligation previously listed on Schedule 1E ☐ Payment of Debt or Obligation previously listed on Schedule 1E Mstret 7 county commission 4. Purpose (be specific)

Polyteel Ad. 2. Committee Name 1. Committee I.D. Number 150053 Buy City Times
311 Fifth Stir MICHIGAN DEPARTMENT OF STATE

Bureau of Elections CANDIDATE COMMITTEE ITEMIZED EXPENDITURES SCHEDULE 1B 3 Name and Address of person to whom paid

Authority granted under P.A. 388 of 1976

Enter this | total on line 6a of Summary Page

Grand Total of All Schedule 1B's (Complete on last page of Schedule)

Page Subtotal

CANDIDATE COMMITTEE SUMMARY PAGE

1. Committee I.D. Number

2. Committee to Elect Baraszak
Committee to Elect Baraszak
Ustrict 7 comby Commissioner

Column II	Cumulative for this election cycle				(3c.) \$	(4.) \$	(5.) \$				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(2) & (2)					\$ (6)				
Column I	This Period		(3a.) \$	(3b.) \$	(3c.) \$	(4.) \$	(5.) \$	***	3	(6a.) \$	(6b.) \$	(7.) \$			(8a.) \$	(8b.) \$	(9.) \$			(10a.) \$	(10b.) \$
	RECEIPTS	3. Contributions	a. Itemized (use Schedule 1A)	b. Uniternized (no Schedule)	c. Subtotal of "Contributions"	4. Other Receipts	5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS	EXPENDITURES	6. Expenditures	a. Itemized (use Schedule 1B)	b. Unitemized (no Schedule)	7. TOTAL EXPENDITURES	IN-KIND CONTRIBUTIONS	8. In-kind Contributions	a. Itemized (use Schedule 1-IK)	b. Unitemized (no Schedule)	9. TOTAL IN-KIND CONTRIBUTIONS	DEBTS AND OBLIGATIONS	10. Debts and Obligations	a. Owed by the Committee (use Schedule 1E)	b. Owed to the Committee (use Schedule 1E)



NOTE: Direct contributions, in-kind contributions, loans, expenditures, outstanding debts and late filing fees count against the Reporting Waiver threshold.

15. ENDING BALANCE (subtract line 14 from line 13)

(line 5, Total Contributions and Other Receipts)

12. Amount received during reporting period

11. Ending balance of last report filed (enter

BALANCE STATEMENT

zero if no reports have been filed)

14. Amount expended during reporting period

13. Add lines 11 and 12

(line 7, Total Expenditures)

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE Bureau of Elections	1. Committee I.D. Number	Committee to Elect Banassak	しまざる
CANDIDATE COMMITTEE COVER PAGE port must be legible, typed or printed in ink, and included by treasurer (or designated recordkeeper) and	3. This Statement Covers From: To: To: To: To: To: To: To:	4. Name of Candidate Ocanis Banuszale Office Sought The Distinct County Community Served (if applicable)	County of Residence Sen County Driver License Number (optional)
	6. Treasurer's Name and Residential Address	ress 7. Treasurer's Business Address	8. Designated Recordkeeper's Name and Mailing Address (if the committee has a Designated Recordkeeper)
Cernis Branszar 617 14th St. By City MT 48208	805 S. Shermer 48708 S. C. ty ME 48708 Area Code and Phone	706 W. (327 C.	Area Code and Phone
703	Driver License Number (optional)	Area Code and Phone	Driver License Number (optional)
3. TYPE OF STATEMENT a. X Pre-election Campaign Statement OR	c. Annual Statement (19 Coverage Year)	d. Complete Item 9a, 9b, 9c or 9e to indicate which statement is being amended.)	e. Dissolution of Committee
Dest-election Campaign Statement Pre-election or Post-election Statement relates to: Primary Caucus School Representation Special Convention Special			ertify sets or gunds
ion, Caucus or Convention			Mere disposed to a supplier of the supplier of
A committee that does not have a Reporting Waiver must include all applicable Schedules.	/ @ /	r must file all required Campaign Statements. The Campaign Statements or 8 has changed since the information was shown on the committee's Statement of	gn Statements committee's Statement of
Organization, an amendment to the Statement of Organization must be filled.	the Statement of Organizatio	n must be filed. sment and attached schedules (if any) and to the best of	
my/our knowledge and belief the contents are true,	accurate and complete.	my/our knowledge and belief the contents are true, accurate and complete.	
Treasurer or Designated Recordkeeper Treasurer or Print Name	A. Marinely	Megn M, "Herengy D. Signature	Date lo d'ay (0
Candidate Dan Ni S W. Ban a528	aszak IM	WWW. D. C. Signature Signature	Date (0/24/96 yr

MICHIGAN DEPARTMENT OF STATE Bureau of Elections SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee 1.D. Number 150053

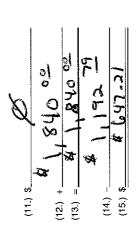
committee to Elect Benessale District 7 Committee Name

County commissioner.

Column II	Cumulative for this election cycle				(3c.) \$	(4.) \$	(5.) \$					(7.) \$					(9.) \$				
Column I	This Period	\$ S	(3a.) \$ 1 8(36)	- 1.	(30.) \$ 4 1,840 82		(5.) 8. # 1 8 # C # E		PL (B) 18	(6a.) \$	Ø	7 7 b1 1 8 s (1)		ol 00 00 00 00 00 00 00 00 00 00 00 00 00	(8a.) \$	(8b.) \$	(9.) \$ 4 100	Total Control	A. C.	(10a.) \$	(10b.) \$
	RECEIPTS	3. Contributions	a. Itemized (use Schedule 1A)	b. Unitemized (no Schedule)	c. Subtotal of "Contributions"	4. Other Receipts	5. TOTAL RECEIPTS	EXPENDITURES	6. Expenditures	a. Itemized (use Schedule 1B)	b. Unitemized (no Schedule)	7. TOTAL EXPENDITURES	IN-KIND CONTRIBUTIONS	8. In-kind Contributions received	a. Itemized (use Schedule 1A)	b. Unitemized (no Schedule)	9. TOTAL IN-KIND CONTRIBUTIONS	DEBTS AND OBLIGATIONS	10. Debts and obligations	a. Owed by the Committee (use Schedule 1E)	b. Owed to the Committee (use Schedule 1E)

BALANCE STATEMENT

- 11. Ending balance of last report filed (enter zero if no reports have been filed)
- 12. Amount received during reporting period (line 3, Total Receipts)
- 13. Add lines 9 and 10
- 14. Amount expended during reporting period (line 5, Total Expenditures)
- 15. ENDING BALANCE (subtract line 12 from line 11)



Authority granted under P.A. 388 of 1976.

2. Committee Name 2. Committee Name 1. Elec-	Baraszak District 7 Compty Commissioner
1. Committee I.D. Number	150053
MICHIGAN DEPARTMENT OF STATE Bureau of Elections	ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name	Committee 10 11	Brassale District 7	County Commissioner
1. Committee I.D. Number		150053	1

3. Name and Address of person to whom paid.	4. Purpose (be specific)	5. Date	6. Amount
(Say City Times	Tenget Flych	æ	pepuedxa
311 17 17 15		9535 J. 70	26100
isy coly MI 48208	☐ Payment of Debt or Obligation	なルンノ))
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	250		
Sawieritser	Canpaign Signs		, v
7 - 10 Par - 2 - (1)	-	175 35 men	2775
1 Schell mt ubsile	☐ Payment of Debt or Obligation		
The Creeked for Carly.	Renful of Great Room		
sign madren for	the the creat seem	le Jalar	100 mg
to city mx 48208	☐ Payment of Debt or Obligation		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Printing cost for Alter Society	-	7
Cera News		% [] c[o]	1,2
5% 200 3.4.			
D. Luxes Inc.	Check book, checking account		S.
This top America	direction say	1/01 %12/8	12/21
	□ Payment of Debt or Obligation		
	Private.		, realistation
	☐ Payment of Debt or Obligation		
	100 Market	Page Subtotal	41,19279
	Grand Total of All Schedule 1B's (Complete on last page of Schedule)	Grand Total of All Schedule 1B's nplete on last page of Schedule)	
			1

Authority granted under P.A. 388 of 1976.

Enter this total on line 6a of Summary Page

Contributor's Occupation, Employer and Business Address Authority granted under P.A. 388 of 1976. 8. If over \$200.00 cumulative, enter 7. Cumulative election cycle Commissioner Enter this total on line 4 of Summary Page 6c. Other Receipts ナナボナナ Enter this total on line 8a of Summary Page 3 001 × 6b. In-Kind Contribution Received श 3 AMOUNT Lonn, He 2. Committee Name のなった Brasinh 700 € 7/9/96/5000 ्ट्री <u>8</u> 30001 total on line 3a of Summary Page gļ 6a. Contribution of Money . . Enter this S 4 % Other Receipts:

□ Interest □Loan from lending institution
□ Misc (specify). 10/9/20 Grand Total of All Schedule 1A's (Complete on last page of Schedule) Page Subtotal 5. Date of Receipt 1. Committee I.D. Number Contributions:

X Direct | Loan from a person | Loan from a person | Loan from a person | Cher Receipts:
| Interest | Loan from lending institution | Loan fro Other Receipts:

□ Interest □Loan from lending institution
□ Misc (specify) Other Receipts:

☐ Interest ☐Loan from lending institution
☐ Misc (specify) Other Receipts:

☐ Interest ☐Loan from lending institution
☐ Misc (specify) Direct □ Loan from a person of the last increase. A literate other Receipts:
 Interest □ Loan from lending institution □ Misc (specify). 4. Type of Contribution or Other Receipt Contributions:

★ Direct □ Loan from a person
□ In-Kind (describe) Contributions:

K Direct □ Loan from a person
□ In-Kind (describe) Contributions:

※ Direct □ Loan from a person □ In-Kind (describe) Contributions:

□ Direct □ Loan from a person
□ In-Kind (describe) Contributions: MICHIGAN DEPARTMENT OF STATE Bureau of Elections CANDIDATE COMMITTEE Social Home 13ay Ana chanter of Comore Berth MI UPTOS 48703 1344 County Republican Party Richal ITEMIZED RECEIPTS 3. Name and Address from whom received. Chamber かた よらろっと SCHEDULE 1A Conn. Hee Medison Au 301 Segmen St. 13 Par 25, Sein as Apra Bay Clby から~からから 2, <u>0|</u>1 Samich <u>ع</u> <u>(۲)</u> 9

MICHIGAN DEPARTMENT OF STATE FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 150053

2. Committee to Elect Brassent Committee to Elect Brassent 2 street 7 county commissable

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	6. Address and Name (if any) of the place where the activity was held Created for carring The Great Hell 400 N. Medhson Are. Bay Lity, MT 48708	13. Check if event was a joint fund raiser and complete following:	Contribution Expenditure Split Split (%) (%)		 The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement. Receipts and expenditures listed on a Fund Raiser Schedule are also reported on the 	Tennized receipts Schedule (1A), Itemized Expenditures Schedule (1B) and the Summary Page. All committees that participated in a joint fund raiser must file a Fund Raiser Schedule for the event. If the committee held a joint fund raiser with an Officeholder Expense Fund maintained by the candidate, a Fund Raiser Schedule (FO) must be submitted for the event with the	Report. An Officeholder Expense Fund may be
USE A SEPARATE SHEET FOR EACH EVENT -	5. Type of Fund Raising Activity 6. Address a Character	13. ☐ Check if event was a	Co-Sponsor(s)		The committee is required to file event held during the period coverance. Receipts and expenditures listed to the contract of the con	All committees that participated is for the event. If the committee held a joint fund by the candidate, a Fund Raiser	next Officeholder Expense Fund established by any officeholder.
— USE A SEPARAI	Number of Individuals Attending or Participating (whichever is greater)	20 0H #	ϕ	4000	B	\$ 00 00 m	# 260 %
	Date Event Was Held	7. Total Contributions of \$20.00 or less	8. Total Contributions of \$20.01 or more	9. SUBTOTAL (Add lines 7 and 8)	10. Other Receipts	11. Gross Receipts (Add lines 9 and 10)	12. Total Cost of Event

Page

Authority granted under P.A. 388 of 1976.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES

INSTRUCTIONS ON REVERSE FOR OPDATING PROCEDU	RES,
1. Committee Identification No. 150053	3. Type of Filing Original
	Amendment to Item(s)
2. Full Name of Committee to elect Banas	Date Change Took Place
Committee to elect peria	10 9 96
District 7 County Com	missionel Month Day Year
4. Candidate Name	County of Residence
Dennis William Banas	zak Bar County
Office Sought (include district or jurisdiction served)	Party (if applicable)
District 7 Commissione	r Republican
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if different from street address)
	Se. Committee Maining Address (if different from Street address)
617 14th Street	j
Bay City, MI 48708	
Day City, MI 10100	
6. Date Committee Was Formed 8. Full Name a	nd Mailing Address of Treasurer Area Code and Phone
Mo. 5 Day 8 yr. 96 Grea	gory A. Marciniak 517 893 0768
IVIO. Day & Yr. 14	sory A. Marciniak 517 893 0768 S. Sherman
7. Committee Area Code and Phone 65	3. Sherman
5178938024 Bay	City, MI 48708
9 Identify the person who will be recognible for the committee it	
leave this item blank,	ds and Campaign Statement filings.If committee's treasurer will handle these responsibilites,
Name Mailing Address	Area Code/Phone
Same	
	6 - C - C
A O DEDO DINO MANUED OF OTTO N	
10. REPORTING WAIVER SECTION	nd in excess of \$1,000,00 in an election
The Committee does NOT expect to receive or expen	or in excess of 51,000.00 in an election.
11. Names and addresses of depositories or intended deposit	ories of committee funds (list both official depository
and any secondary depositories).	Line applies only to a
First of Ameri	CA Mittee.
TIPS I OI MILETI	Cook if this committee
	intends to seek qualifying
	contributions for public
	funding.
13. Verification: I/We certify that all reasonable diligence was	used in the preparation of the above statement, and that the contents are true, accurate and
complete to the best of my/our knowledge o	belief.
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/	$\sqrt{1}$ m
Treasurer Oragory H. I harciniak	Niegry 1H, Witaresund Date 10 9 96
Type of Prio Name	Signature / Mo. Day Year
The state of the s	
Candidate Dennis W. Banasza	+ Alound W. Danasak 10 a alo
Candidate Dennis W. Banasza	A Nowed W. Day Signature Date 10 9 96 Signature Date Mo. Day Year
	A Nousie Date 10 9 96 Signature Date Mo. Day Year
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Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only	Signat⊮e Mo. Day Year if you have established an Officeholder Expense Fund)
Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only 14a. Full Name and Address of Officeholder 14	Signature Mo. Day Year if you have established an Officeholder Expense Fund) 5. Full Name and Address of Treasurer of 14c. Officeholder Expense Fund Depository
Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only	Signature Mo. Day Year if you have established an Officeholder Expense Fund)
Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only 14a. Full Name and Address of Officeholder 14	Signature Mo. Day Year if you have established an Officeholder Expense Fund) 5. Full Name and Address of Treasurer of 14c. Officeholder Expense Fund Depository
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Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only 14a. Full Name and Address of Officeholder 14	Signature Mo. Day Year if you have established an Officeholder Expense Fund) 5. Full Name and Address of Treasurer of 14c. Officeholder Expense Fund Depository
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Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only 14a. Full Name and Address of Officeholder Expense Fund 14	Signature Mo. Day Year if you have established an Officeholder Expense Fund) 5. Full Name and Address of Treasurer of 14c. Officeholder Expense Fund Depository



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES

Committee Comm	INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.	
2. Full Name of Committee Somewhat Fee to elect Earned SZAK District County Committees Amendment to Item/d Amendment to Item/d Data Charage Took Place District County Committees North Day Year Accordation Name Bana SZAK District T County Committees Bana County of Readence Bana County of Repadence Bana County of Repadence Bana County of Repadence Bana County of Repadence Party of applicables For District T County State in order So. Committee Was Formed Mo. Dust Street To District T County State in order So. Committee Ames Code and Phone So. Dust Supply of Republican To District T County of Repadence Bana Code and Phone So. Committee Ames Code and Phone So. Dust Supply of Repadence Creagory A. Morcinical So.	1. Committee Identification No. 150053	3. Type of Filing
Delic Change Took Place County County County Solore Mouth Day Year	70000	
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Content Committee Was Formed Mo. 5 Day 8 196 S. Full Name and Mailing Address of Treasurer Area Code and Phone Style 38 BOZ 4 Style 517 893 BOZ 6 Styl		
B. Full Name and Address of Officeholder B. Full Name and Mailing Address of Treasurer Gregory A. Marciniak Area Code and Phone Gregory A. Marciniak Fig. 17 893 0768 Sperman Gregory A. Marciniak Fig. 17 893 0768 Supposition of the Special Committee of the commit		sa. Committee Mailing Address (if different from street address)
6. Date Committee Was formed Mo Day 8 1,96 7. Committee Area Code and Phone ST 993 90768 9. In Name and Mailing Address of Treasurer Area Code and Phone ST 993 90768 9. In Name and Mailing Address of Treasurer Area Code and Phone ST 993 90768 9. In Name and Mailing Address of Treasurer Bay City, MI 48708 9. In Name and Mailing Address of Treasurer will handle these responsibilities, which is a property of the committee of the commit		<u> </u> -
Mo. Day 8 v. 1/6 7. Committee Area Code and Phone ST78938024 9. Monthly the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities. Mailing Address Area Code/Phone Area Code and Phone ST78938024 9. Monthly the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities. Mailing Address Area Code/Phone Area Code/Phone Area Code and Phone ST78938024 9. Monthly the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities. Area Code/Phone Area Code/Phone Area Code/Phone The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election 11. Names and addresses of depositories or intended depositories of committee tunds (list both official depository public and any secondary depositories). America Check if this committee intended depositories to seek qualifying contributions for public tunding. Check if this committee intended the properation of the above statement, and that the contents are true, accurate an complete to the less of mylour knowledge or belief. Treasurer Gregory A. Marcinia A. Duran M. Marcinia Date Mo. Day Yea 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate an type of Phonemanne Cardidate Committee Treasurer of Date Mo. Day Yea 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund) 14. Full Name and Address of Officeholder Expense Fund Area Code/Phone Area Code/P	Bay City, MI 18108	
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9 Identify the person who will be responsible for the committee's precords and Campaign Statement fillings. If committee's treasurer will handle these responsibilities, let the thin tent blank. Mailing Address Area Code/Phone 10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. 11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). First America 12. This-item applies only to a public committee funds (list both official depository and any secondary depositories). 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate an complete to the best of mylour knowledge or belief. Treasurer Tre	Mo. 3 Day 8 Yr. 76 Gregory A	Marciniak 517 893 0768
9 Identify the person who will be responsible for the committee's precords and Campaign Statement fillings. If committee's treasurer will handle these responsibilities, let the thin tent blank. Mailing Address Area Code/Phone 10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. 11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). First America 12. This-item applies only to a public committee funds (list both official depository and any secondary depositories). 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate an complete to the best of mylour knowledge or belief. Treasurer Tre	7. Committee Area Code and Phone 805 5. She	rman
Secondary to proceed the present whowell be responsible for the committee's records and Campaign Statement fillings. If committee's treasurer will handle these responsibilities, leave this tem blank. Name Mailing Address	5178938024 Bay City, A	AT 48708
Name Name Mailing Address Area Code/Phone	9. Identify the person who will be responsible for the committee's records and Campaign S	
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Treasurer Treasurer Cragon A. Marciniak Marci		
Treasurer Treasurer Cragon A. Marciniak Marci		7 7 7 7 7 7 7 7 7 7
Treasurer Treasurer Cragon A. Marciniak Marci		
11. Names and addresss of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). 12. This-item applies only to a gubernatorial Candidate Committee		
Signature Date Da		1,000,00 in an election.
Check if this committee intends to seek qualifying contributions for public funding. Check if this committee intends to seek qualifying contributions for public funding. 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate an complete to the best of my/our knowledge or belief. Treasurer Straggra A. Marciniak Jury M. Marciniah Date Date Mo. Day Yea Type of Print Name Date	 Names and addresses of depositories or intended depositories of committee and any secondary depositories 	e funds (list both official depository 12. This item applies only to a
Check if this committee intends to seek qualifying contributions for public funding. 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate an complete to the best of my/our knowledge or belief. 14. Purp M. Mariand 15. Purp of Print Name 16. Purp of Print Name		gubernatorial Candidate Com-
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate an complete to the best of my/our knowledge or belief. Treasurer Gragory A. Marciniak / Jurgy M. Marciniah Date Mo. Day Yea Signature Candidate Dehnis w. Banaszak Admin W. Signature Signature Signature Signature Signature Signature Obtew No. Day Yea No. Day No. Day Yea No. Day Yea No. Day Yea No. Day No. Day Yea No. Day N	FIRST OF FRIENCE	
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate an complete to the best of my/our knowledge or belief. Treasurer Gragory A. Marciniak / Jugy M. Marcinah Date Mo. Day Yea Type of Print Name Candidate Tennis W. Banaszak Acurus W. Banaszak Date Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund) 14a. Full Name and Address of Officeholder Expense Fund Officeholder Expense Fund Name and Address 14b. Full Name and Address of Treasurer of Officeholder Expense Fund Name and Address		intends to seek qualifying
Treasurer Gragory A. Marciniak / Durgy M. Marcinish Date Type of Print Name Candidate Dennis W. Banaszak Acurus W. Banaszak Date Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund) 14a. Full Name and Address of Officeholder Expense Fund 14b. Full Name and Address of Treasurer of Officeholder Expense Fund Name and Address		
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	Evenes Const	
CFR-101 (3/92) Authority granted under Act 388 of 1976, as amended.	į	Name and Address
CFR-101 (3/92) Authority granted under Act 388 of 1976, as amended.	i 	J 1
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	CFR-101 (3/92) Authority granted under Act	388 of 1976, as amended.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1 Committee	3. Type of Filing
Identification No. 150053	Original
	XAMEndment to Item(s) #10
2. Full Name of Committee	Date Change Took Place
COMMITTEE TO ELECT BANASZAK	
7th DISTRICT COUNTY COMMISSIONER	Month Day Year
4. Candidate Name	County of Residence
DENNIS W. BANASZAK	
Office Sought (include district or jurisdiction served)	BAY Party (if applicable)
	raity (ii applicable)
7th DISTRICT COUNTY COMMISSIONER 5. Committee Street Address (street, city, state, zip code)	REPUBLICAN
	5a. Committee Mailing Address (if different from street address)
617 - 14th Street	İ
Bay City, MI 48708	
6. Date Committee Was Formed 8. Full Name and Mailing Addre	use of Transurer
The state of the s	ess of Treasurer Area Code and Phone
Mo. Day Yr.	
7. Committee Area Code and Phone	
9. Identify the person who will be responsible for the committee's records and Campaign S	Statement filings If committee's treasurer will handle there responsibilities
leave this item blank. Name Mailing Address	
g ,	Area Code Phone
·	
10. REPORTING WAIVER SECTION	
The Committee does NOT expect to receive or expend in excess of S	\$1,000,00 in an election
 Names and addresses of depositories or intended depositories of committee and any secondary depositories). 	112. This item applies only to a
	gubernatorial Candidate Com- mittee.
	Check if this committee
	intends to seek qualifying
	contributions for public funding.
12 Variation IAMs could the all the	
complete to the best of my/our knowledge or belief.	eparation of the above statement, and that the contents are true, accurate and
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Treasurer _ Gragory A. Marchiok/ 1	Rean III M L 0 > 90
Type or Print Name	Date Date Mo. Day Year
CandidateDENNIS W. BANASZAK / Vand	1) A) B (1) A) A (1)
Type or Print Name	Signature Signature Date Mo. Day Year
	Tour Buy Tour
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have esta	blished as Official state 5
Complete only if you have esta	olished an Officeholder Expense Fund)
14a. Full Name and Address of Officeholder 14b. Full Name and	Address of Treasurer of 14c. Officeholder Expense Fund Depository
Expense Fund Officeholder Ex	
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	·
GFR-101 (3/92) Authority granted under Act	388 of 1976, as amended.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

INSTRUCTIONS ON REVERSE FOR OPDATING PROCEDURES.		
1. Committee Identification No. 15 005 3	3. Type of Filing Original Amendment to Itamics & 2	
2. Full Name of Committee. Committee to elect Baraszak	Amendment to Item(s) V Date Change Took Place	
District 7 County Commissioner	Month Day	Year
4. Candidate Name Jennis W. Banaszak Office Sought (include district or jurisdiction served)	Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if differe	CGN
Bay City, MI 48708	our committee staming statistics (ii unless	int Holli Street address)
6. Date Committee Was Formed Mo. 5 Day 9 Yr. 96 7. Committee Area Code and Phone 8. Full Name and Mailing Address A. Men So 5 S S Sherma.	einiale (SD)	Code and Phone 843-0768
(517) 893-8024 Bay City MI	48708	
9. Identify the person who will be responsible for the committee's records and Campaign Stateave this item blank. Name Mailing Address	atement filings.If committee's treasurer will hand	die these responsibilites Area Code/Phone
	e de la companya de l	
10. REPORTING WAIVER SECTION The Committee does NOT expect to receive or expend in excess of \$1	,000.00 in an election.	67 6
11. Names and addresses of depositories or intended depositories of committee and any secondary depositories).	funds (list both official depositor)	This item applies only to a gubernatorial Candidate Committee.
		LJ Check if this committee intends to seek qualifying contributions for public funding.
 Verification: I/We certify that all reasonable diligence was used in the prep complete to the best of my/our knowledge or belief. 	aration of the above statement, and tha	at the contents are true, accurate and
Treasurer Gragory A. Marchige / Dieg	M. Man Signature	Date
Candidate Dennis W. Banaszak / Woulds	W. Danasak Signatur	Date <u>5/8/96</u> Mo. Day Year
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have establi		
14a. Full Name and Address of Officeholder 14b. Full Name and A Expense Fund Officeholder Exp		Officeholder Expense Fund Depository Name and Address
GFR-101 (3/92) Authority granted under Act 3	1 388 of 1976, as amended.	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEI INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee		
Identification No. 15 005 3	3. Type of Filing	
/3 003 3	Original	
	Amendment to Item(s)	
2. Full Name of Committee	Date Change 1	ank Dings
Committee to elect Danaszak	1	our riace
District 7 County Commission		
3-511 CT 1-2-30MM COMMISSIONI	Month	Day Year
4. Candidate Name	County of Residence	
Dennis W. Banaszak	Park	and the second second
Office Sought (include district or jurisdiction served)	Boy Cou	N λ
	raity (ir applicable)	
7th District County Commiss	10her Kei	publican
5. Committee Street Address (street, city, state, zip code)		ress (if different from street address)
617 14th Street		(ii different from street address)
The second second	1.	
Bay City, MI 49708		
	I	
6. Date Committee Was Formed 8 Full Name and Mai		
3, Juli Italile alid Ivial	ling Address of Treasurer	Area Code and Phone
Mo. = Day 8 Yr96 Gregory A	. Marciniale	(C) > C(S) A7/19
	herman	(SI) 893-0768
(517) 993-8024 By City	MI 48708	market to the second se
9. Identify the person who will be responsible for the committee's records and		
Identify the person who will be responsible for the committee's records and cleave this item blank.	Jampaign Statement filings.If committee's tre	asurer will handle these responsibilities
Name Mailing Address		Area Code/Phone
James		Angar Code/i florie
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The second secon		
10. PEPOPTING WAIVED SECTION	According to the second	The state of the s
10. REPORTING WAIVER SECTION		
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The Committee does NOT expect to receive or expend in ex	ccess of \$1,000.00 in an election.	
	ccess of \$1,000.00 in an election.	ository 12. This item applies only to a
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The Committee does NOT expect to receive or expend in ex	ccess of \$1,000.00 in an election. committee funds (list both official depo	ository 12. This item applies only to a gubernatorial Candidate Committee.
The Committee does NOT expect to receive or expend in expending the secondary depositories or intended depositories of and any secondary depositories).	ccess of \$1,000.00 in an election. committee funds (list both official depo	ository 12. This item applies only to a gubernatorial Candidate Committee. Check if this committee
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The Committee does NOT expect to receive or expend in expending the state of the committee of the committee does not depositories or intended depositories of and any secondary depositories).	committee funds (list both official depo	ository 12. This item applies only to a gubernatorial Candidate Committee. Check if this committee intends to seek qualifying contributions for public funding.
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USE ONLY ——	
	DATE//
the state of the s	PETITION SHEETS
Name DEN NIS WILLIAM BANASZAK (Print or Type)	
Residence Address 6/7 147" STREET BALL	CITY M1 48708
City of or Township of BAY CITY	Post Office) Zip Code
County of Precinct New Resident of County for 3 7 years. Resident of Michigan for 3	9 Ward No 7 years.
I am registered and qualified to vote at this address:	
Birthdate 10 110 1 58 Phone Number	or (517) 813-8024 ober (517) 686-8850
I have have not changed my name within the past 12 years. If you have, enter former name here: (Does not apply to change of name through marriage. See reverse side.)	IDET_(0.7) 006 - 883 0
OFFICE SOUGHT: COUNTY COMMISSIONER	District No. (if any) 77
Partisan Office Ticket REPUBLICAN Non-	-Partisan Office
DATE OF ELECTION: Primary 8 1061 96	General // 1051 96
TERM: Regular	Other
JUDICIAL CANDIDATES ONLY: ☐ Incumbent Position ☐ Non-Inc (See reverse side.)	cumbent Position
FILING INCLUDES THE FOLLOWING DOCUMENTS:	☐ Destroy petitions in January.
Nominating Petitions Estimated No. of signatures 60	Return petitions in January.
Filing Fee of \$ Affidavit of Constitutional Qualification (Judicial candidates filing petitic Affidavit of Change of Name (See reverse side.) Affidavit of Candidacy (Judicial Incumbents only.) Certification of Nomination by Party Convention and Certificate of Acceptable (Judicial Incumbents)	
PRINT NAME BELOW AS YOU WISH IT TO APPEAR ON BALLOT:	
(Nicknames / titles not permitted.)	
By signing this affidavit, I swear the statements made above are true.	<u> </u>
By signing this affidavit, I swear the statements made above are true. SIGNATURE OF CANDIDATE: A QUALITY (1). Company of the statements made above are true.	<u>\</u>
SIGNATURE OF CANDIDATE: Nomin 4). Language	PATEICIA A. WEISS
SIGNATURE OF CANDIDATE: A OMAN (1). County B. Subscribed and sworn before me this Name of Notary 29H day of April 19 96 County B.	PATEICIA A. WEISS 44 (Type, Print or Stamp)



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

Type or Print Cleany				
Committee Identification No.		3. Type of Filing		<u> </u>
A I I I I	(10000)	Original		
1461	(150053)	Amendment to Item(s)		
2. Full Name of Committee		Date Change T		
DENNIS BANASZAK FOR	3rd WARD CITY COMM			
4. Candidate Name		Month	Day	Year
		County of Residence		
DENNIS BANASZAK Office Sought (include district or jurisdicti		BAY		
l .	· · · · · · · · · · · · · · · · · · ·	Party (if applicable)		
3rd WARD CITY COMMISS 5. Committee Street Address (street, city, st				
306 S. Farragut	ate, zip codej	5a. Committee Mailing Addr	ress (if different	t from street address)
500 5. Tarragat				
Bay City, MI 48708				
6. Date Committee Was Formed	8. Full Name and Mailing Addr	ress of Treasurer	Δ. (Code and Phone
May 20, 1993	DENNIS BANAS	•	Area	code and rhone
7. Committee Area Code and Phone	306 S. Farragut	ZAK		
	Bay City, MI 4870	0.8		
517 893-8024	' ' '		·	
 Identify the person who will be responsible for the leave this item blank. 	e committee's records and Campaign	Statement filings.lf committee's tre	asurer will handle	these responsibilites,
Name	Mailing Address		\mathcal{C}	Area Code/Phone
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TO REPORTING WAIVER SECTION		A STATE OF THE STA	3	35
The Committee does NOT expect to		the control of the co		清 章 清
 Names and addresses of depositories or and any secondary depositories). 	intended depositories of committe	tee funds (list both official dep	ository 12.	This item applies only to a
, see and see] 17-1	gubernatorial Candidate Com-
SECOND NATIONAL BANK			İ	mittee.
S. WASHINGTON				Check if this committee intends to seek qualifying
BAY CITY, MI 48708				contributions for public
12 1/2/5-45				funding.
 Verification: I/We certify that all reasona complete to the best of my/o 	ble diligence was used in the properties our knowledge or belief	reparation of the above staten	nent, and that	the contents are true, accurate and
	1			
THENTILE DANIACEAU	, []			
Treasurer DENNIS BANASZAK	/ Vêru	n Danager		DateMay 20, 1993
Type or Print Name DENNIS BANASZAK	, ()	Signature	l	Mo. Day Year
Candidate Type or Print Name		mis Pouage		DateMay 20, 1993
Type of Time Name	•	Signature		Mo. Day Year
14 FOR OFFICEUOLDEROLLION				
14. FOR OFFICEHOLDERS' USE ONLY	(Complete only if you have esta	abiished an Officeholder Expens	se Fund)	
14a. Full Name and Address of Officeholder	146 5 0 0		i	
Expense Fund	Officeholder E	d Address of Treasurer of		ficeholder Expense Fund Depository
	!	· · · ·	INA	ime and Address
]			
			1	
	1 1		 1	
CFR 101 (5/89)	Authority granted under An	1 300 of 1076 on	I	



MICHIGAN DEPARTMENT OF STATE Bureau of Elections Type or Print Clearly Committee 3. Type of Fiting Identification No XXOriginal Amendment to Item(s) Date Change Took Place DENNIS BANASZAK FOR 3rd WARD CITY COM Month Day Year 4. Candidate Name County of Residence DENNIS BANASZAK BAY Office Sought (include district or jurisdiction served) Party (if applicable) 3rd WARD CITY COMMISSIONER 5. Committee Street Address (street, city, state, zip code) 5a. Committee Mailing Address (if different from street address) 306 S. Farragut Bay City, MI 48708 6. Date Committee Was Formed 8. Full Name and Mailing Address of Treasurer Area Code and Phone May 20, DENNIS BANASZAK 7. Committee Area Code and Phone 306 S. Farragut Bay City, MI 517 893-8024 9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, Name Mailing Address Area Code/Phone 10 REPORTING WAIVER SECTION the Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election 11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). 12. This item applies only to a gubernatorial Candidate Committee. SECOND NATIONAL BANK Check if this committee S. WASHINGTON intends to seek qualifying BAY CITY, MI 48708 contributions for public funding. 13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and DENNIS BANASZAK Treasurer Type or Print Name Mo. DENNIS BANASZAK Candidate Type or Print Name 14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund) 14a. Full Name and Address of Officeholder

Expense Fund

14b. Full Name and Address of Treasurer of Officeholder Expense Fund

14c. Officeholder Expense Fund Depository Name and Address

CFR 101 (5/89)

Authority granted under Act 388 of 1976, as amended.